

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA	IN CLERKS OFFICE 2015 MAR 24 PM 3 00 U.S. DISTRICT COURT DISTRICT OF MASS.	COURT CASE NUMBER 13-CR-10048-FDS
DEFENDANT KING BELIN		TYPE OF PROCESS Preliminary Order of Forfeiture

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
King Belin, Reg #95015-038  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Plymouth County Correctional Facility, 26 Long Pond Rd., Plymouth, MA 02360

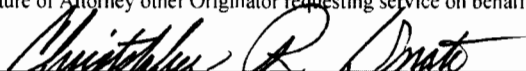
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
Christopher Donato, Assistant U.S. Attorney United States Attorney's Office 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

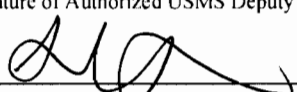
Fold

Fold

Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested. CATS Id: 12-ATF-031746; 12-ATF-031747 kbb, ext.3364

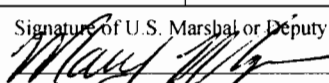
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE 2/27/15
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk 	Date 3/6/15
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I hereby certify and return that I ☐ have personally served. ☐ have legal evidence of service. ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 3/19/15 Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy 

Service Fee 65	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 7012 0470 0001 6522 0496  
No Date Delivered